

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		4/5
O.I.P.E. CLASSIFIER			4.3
FORMALITY REVIEW	MD	579	5/10/01
RESPONSE FORMALITY REVIEW	mm	927	08/22/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	4 9 2 8
2	3 25 11 30
3	0 2 1 3
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17	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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